

DOCUMENT # 735286

1. Entity Name

ZELLWOOD IMPROVEMENT PROJECT, INC.

FILED

02 MAY -6 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 1376
ZELLWOOD FL 32798-1376

Mailing Address

P.O. BOX 1376
ZELLWOOD FL 32798-1376

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYNOLDS, RODNEY V
3679 MOHAWK DR.
ZELLWOOD FL 32798

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	REYNOLDS, RODNEY V	
STREET ADDRESS	3679 MOHAWK DR	
CITY-ST-ZIP	ZELLWOOD FL 32798	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200005555422--2
STREET ADDRESS	-05/16/02--01063--001
CITY-ST-ZIP	*****61.25 *****61.25

TITLE	SD	<input type="checkbox"/> Delete
NAME	WEBB, DEBORAH	
STREET ADDRESS	6775 HOLLY ST	
CITY-ST-ZIP	ZELLWOOD FL 32798	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> Delete
NAME	POLLOCK, REV. CLYDE	
STREET ADDRESS	6775 HOLLY ST	
CITY-ST-ZIP	ZELLWOOD FL 32798	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BLACKMON, BILLY	
STREET ADDRESS	3671 MOHAWK DR	
CITY-ST-ZIP	ZELLWOOD FL 32798	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: